

**LATEST #12**

**FORMS REQUIRES: FORM 1040, SCH A, FORM 5695, FORM 6251, IT540, SCH E, SCH F, SCH G**  
**INFORMATION RETURNS ATTACHED: FORM W-2**

**OTHER: DIRECT DEPOSIT**

**THIRD PARTY DESIGNEE:**

**NAME: JOHN DOE**

**PHONE: 888-555-1111**

**PIN: 11112**

**PREPARED BY: TAXPAYER**

**NAME: PETER A PAN**

**SSN: 400-00-4312**

**DOB: 1/1/1950**

**OCCUPATION: US MILITARY**

**DISABLED: NO**

**PRES ELEC FUND: YES**

**NAME: MARY PAN**

**SSN: 400-00-4322**

**DOB: 11/14/1951**

**OCCUPATION: HOUSEWIFE**

**DISABLEB: YES LOSS OF LIMB**

**PRES ELEC FUND: NO**

**DAYTIME PHONE: NOT GIVEN**

**ADDRESS: 987 BACKYARD RD**

**MONTERRY, MEXICO 2JS42**

**FILING STATUS: MARRIED FILING JOINT**

**LINE 6D: 2**

**LA**

**ADDRESS CHANGE**

**START SAVINGS PROGRAM CONTRIBUTION**

**1200**

**EXCLUDABLE MILITARY PAY**

**34215**

**LOUISIANA HUNTING AND FISHING LICENSE FEE**

**25- Husband 14- Spouse**

**PETER PAN DRIVER'S LICENSE NUMBER**

**231245-LA**

**MARY PAN STATE ID NUMBER**

**76251-LA**

**LATEST #12**

**SCHEDULE A:**

LINE 1:		10500
LINE 2:		85005
LINE 3:		6375
LINE 4:		4125
LINE 5:		1860
LINE 6:		2100
LINE 9:		3960
LINE 10:		13500
LINE 15:		13500
LINE 16:		665
LINE 19:		665
LINE 29:	NO X	22250

**FORM 5695**

LINE 1:	YES
LINE 2A:	3500
LINE 2D:	3250
LINE 3A:	3000
LINE 4:	9750
LINE 7:	1500
LINE 8:	7846
LINE 10:	7846
LINE 11:	1500
LINE 29:	1500

**LATEST #12**

**FORM 8888**

**LA DIRECT DEPOSIT (PLEASE INPUT A RTN AND ACCOUNT NUMBER THAT WILL WORK FOR YOU)**

**NAME OF INSTITUTION: GATEWAY BANK     300**

**RTN: 000678777**

**ACCT#: 66557389**

**TYPE OF ACCOUNT: CHECKING**

**LATEST #12**

**FORM W-2**

<b>BOX A: EMPLOYEE'S SOCIAL SECURITY NUMBER</b>	<b>400-00-4312</b>
<b>BOX B: EMPLOYERS IDENTIFICATION NUMBER</b>	<b>64-2131415</b>
<b>BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE</b>	<b>US ARMY</b> <b>101 SW WASHINGTON STREET</b> <b>WASHINGTON, DC 20044</b>
<b>BOX E: EMPLOYEE'S FIRST NAME INITIAL LAST NAME</b>	<b>PETER A PAN</b>
<b>BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE</b>	<b>987 BACKYARD RD</b> <b>MONTERREY MEXICO 2JS42</b>
<b>BOX 1: WAGES, TIPS, OTHER COMPENSATION</b>	<b>62000</b>
<b>BOX 2: FEDERAL INCOME TAX WITHHELD</b>	<b>6600</b>
<b>BOX 3: SOCIAL SECURITY WAGES</b>	<b>62000</b>
<b>BOX 4: SOCIAL SECURITY TAX WITHHELD</b>	<b>3844</b>
<b>BOX 5: MEDICARE WAGES AND TIPS</b>	<b>62000</b>
<b>BOX 6: MEDICARE TAX WITHHELD</b>	<b>899</b>
<b>BOX 15: STATE</b>	<b>LA</b>
<b>EMPLOYER'S STATE ID NUMBER</b>	<b>641213001</b>
<b>BOX 16: STATE WAGES, TIPS, ETC</b>	<b>62000</b>
<b>BOX 17: STATE INCOME TAX</b>	<b>1860</b>

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**FORMS INCLUDED: FORM 1040A, FORM W-2**

**FORM 1040:**

<b>TAXPAYER'S FIRST NAME, INITIAL, LAST NAME</b>	<b>PETER A PAN</b>
<b>TAXPAYER'S SOCIAL SECURITY NUMBER</b>	<b>400-00-4312</b>
<b>SPOUSE FIRST NAME INITIAL LAST NAME</b>	<b>MARY PAN</b>
<b>SPOUSE SOCIAL SECURITY NUMBER</b>	<b>400-00-4322</b>
<b>HOME ADDRESS</b>	<b>987 BACKYARD RD</b>
<b>CITY STATE &amp; ZIP</b>	<b>MONTERRY MEXICO 2JS42</b>
<b>TAXPAYER'S PRESIDENTIAL ELECTION CAPAIGN FUND</b>	<b>YES</b>
<b>FILING STATUS</b>	<b>MARRIED FILING JOINT</b>
<b>LINE 6A: YOURSELF (EXEMPTION)</b>	<b>X</b>
<b>NUMBER OF BOXES CHECKED ON 6A &amp; 6B</b>	<b>2</b>
<b>LINE 6D: TOTAL NUMBER OF EXEMPTIONS CLAIMED</b>	<b>2</b>
<b>LINE 7: WAGES SALARIES TIPS</b>	<b>62000</b>
<b>LINE 21: OTHER INCOME RADIO PRIZE</b>	<b>23005</b>
<b>LINE 22: TOTAL INCOME</b>	<b>85005</b>
<b>LINE 37: AGI</b>	<b>85005</b>
<b>LINE 38: AGI</b>	<b>85005</b>
<b>LINE 40A: ITEMIZED DEDUCTIONS</b>	<b>22250</b>
<b>LINE 41: SUBTRACT</b>	<b>62755</b>
<b>LINE 42:</b>	<b>7300</b>
<b>LINE 43: TAXABLE INCOME</b>	<b>55455</b>
<b>LINE 44: TAX</b>	<b>7486</b>
<b>LINE 46: ADD</b>	<b>7486</b>
<b>LINE 52: FORM 5695</b>	<b>1500</b>
<b>LINE 54: TOTAL CREDITS</b>	<b>1500</b>
<b>LINE 55: SUBTRACT</b>	<b>5986</b>

**LATEST # 12**

<b>LINE 60: TOTAL TAX</b>	<b>5986</b>
<b>LINE 61: TAX WITHHELD</b>	<b>6600</b>
<b>LINE 63: MAKING WORK PAY CREDIT</b>	<b>800</b>
<b>LINE 71: TOTAL PAYMENTS</b>	<b>7400</b>
<b>LINE 72: OVERPAID</b>	<b>1414</b>
<b>LINE 73A: REFUND</b>	<b>1414</b>